



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF MIKE KOBYLKA				
Street Address		5120 CHERRY ST				
City	ERIE	State	PA	Zip Code	16509	

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30-Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		11/7/17		Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report		\$ 561.45	2017 OCT 27 PM 1:14 ERIE COUNTY VOTER REGISTRATION 14A
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 5500.00	
C. Total Funds Available (Sum of Lines A and B)		\$ 6061.45	
D. Total Expenditures (From Schedule III)		\$ 5495.34	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 566.11	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

23 day of October 2017
 Amy E. Van Tassel, Notary Public
 City of Erie, Erie County
 My Commission Expires March 29, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Brenda Kobylka
 Signature of Person Submitting report
 Brenda Kobylka
 Printed Name

814
 Area Code

460-1904
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

23 day of October 2017
 Amy E. Van Tassel, Notary Public
 City of Erie, Erie County
 My Commission Expires March 29, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Mike Kobylka
 Signature of Candidate
 MIKE KOBYLKA
 Printed Name

814
 Area Code

450-2146
 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	FRIENDS OF MIKE KOBYLKA		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	5500.00 MK 0
Total for the reporting period	(2)	\$	5500.00 MK 0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	5500.00
Total for the reporting period	(3)	\$	5500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	5500.00

PART A
Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

<div style="display: flex; justify-content: space-between;"> <div style="width: 20%; background-color: #cccccc;">Filer Identification Number</div> <div style="width: 80%; border: 1px solid black; padding: 5px;"> <p style="font-size: 1.2em; margin: 0;">FRIENDS OF MIKE KOBYLKA</p> </div> </div>														
										Amount				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$			
House #					Street Address					Date [MM/DD/YYYY]	\$			
City					State				Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$			
House #					Street Address					Date [MM/DD/YYYY]	\$			
City					State				Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$			
House #					Street Address					Date [MM/DD/YYYY]	\$			
City					State				Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$			
House #					Street Address					Date [MM/DD/YYYY]	\$			
City					State				Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$			
House #					Street Address					Date [MM/DD/YYYY]	\$			
City					State				Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$			
House #					Street Address					Date [MM/DD/YYYY]	\$			
City					State				Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$			
House #					Street Address					Date [MM/DD/YYYY]	\$			
City					State				Zip Code			Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	FRIENDS OF MIKE KOBYLKA
------------------------------	-------------------------

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number						FRIENDS OF MIKE KOBILKA					
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Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:		FRIENDS OF MIKE KOSYLKA			
------------------------------	--	-------------------------	--	--	--

Full Name of Contributor				Date [MM/DD/YYYY]	\$
ROGER RICHARDS				10/13/2017	500.00
House #	Street Address		Date [MM/DD/YYYY]	\$	
	230 W 6TH ST				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
ERIE	PA				
Employer Name			Occupation		
SELF			ATTORNEY		
Employer Mailing Address / Principal Place of Business					
230 W 6TH ST					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
KEVIN LILLY				10/22/17	3000.00
House #	Street Address		Date [MM/DD/YYYY]	\$	
	2 EASTLEIGH LN				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
NATICK	MA	01760			
Employer Name			Occupation		
SELF			BROADCASTER		
Employer Mailing Address / Principal Place of Business					
2 EAST LEIGH LN					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
JOHN CHRISTIANSON				10/23/2017	2000.00
House #	Street Address		Date [MM/DD/YYYY]	\$	
	2 NIAGARA PIER				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
ERIE	PA	18507			
Employer Name			Occupation		
LILLY BROADCASTING			C.O.O.		
Employer Mailing Address / Principal Place of Business					
3514 STATE ST ERIE PA					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business					

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	FRIENDS OF MIKE KOBILKA
------------------------------	-------------------------

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number	FRIENDS OF MIKE KOBYLKA
-----------------------------	-------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	FRIENDS OF MIKE KUBICKA
------------------------------	-------------------------

Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	FRIENDS OF MIKE KUBYCZAK
------------------------------	--------------------------

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	FRIENDS OF MIKE KOB (LGA)
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To Whom Paid: Office MAT		Date [MM/DD/YYYY]: 7-28-17		\$ 2140	
House #	Street Address: MILLCREEK MALL	Description of Expenditure:			
City: ERIE	State: PA	Zip Code: 16509	SUPPLIES		
To Whom Paid: RESMUTIS SIGNS		Date [MM/DD/YYYY]: 10/18/2017		\$	
House #	Street Address: WIRTH ST	Description of Expenditure:			
City: ERIE	State: PA	Zip Code: 16507	YARD SIGNS		
To Whom Paid: WICU WSEE		Date [MM/DD/YYYY]: 10-23-2017		\$ 4998.00	
House #	Street Address: 3514 STATE ST	Description of Expenditure:			
City: ERIE	State: PA	Zip Code: 16508	TV SPOTS		
To Whom Paid:		Date [MM/DD/YYYY]:		\$	
House #	Street Address:	Description of Expenditure:			
City:	State:	Zip Code:			
To Whom Paid:		Date [MM/DD/YYYY]:		\$	
House #	Street Address:	Description of Expenditure:			
City:	State:	Zip Code:			
To Whom Paid:		Date [MM/DD/YYYY]:		\$	
House #	Street Address:	Description of Expenditure:			
City:	State:	Zip Code:			
To Whom Paid:		Date [MM/DD/YYYY]:		\$	
House #	Street Address:	Description of Expenditure:			
City:	State:	Zip Code:			
To Whom Paid:		Date [MM/DD/YYYY]:		\$	
House #	Street Address:	Description of Expenditure:			
City:	State:	Zip Code:			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	FRIENDS OF MIKE KOBILKA
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Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						